

## Generic Clinical/Financing Workflow

1.0 Current MH/MR Consumer needs referral for healthcare

2.0 MH Consumer Accessing Primary Care

- Residency
- Income Verification
- Identification (State ID)

TO DO: Get from FQHC the items that count to document eligibility If Behavioral Health completes the FQHC intake packet, it is billable for those they see as a skill building or therapy appointment.

TO DO – Insure that securing physical health is a goal within all mental health treatment plans

| CPT Code/Local | Diagnosis Code | Credential | Who/Rate/Service |
|----------------|----------------|------------|------------------|
|                |                |            |                  |
|                |                |            |                  |
|                |                |            |                  |
|                |                |            |                  |
|                |                |            |                  |
|                |                |            |                  |

TIME NEEDED: 10 minutes

DOCUMENTED IN: MH/MR Clinical Record

3.0 Case manager/QMHP secures needed documents for sliding fee – will be full fee patient

Makes appointment anyway while getting documents

TO DO – What to do with the fee for full pay consumers and co-pay

| CPT Code | Diagnosis Code | Credential | Rate/Service |
|----------|----------------|------------|--------------|
|          |                |            |              |

TIME NEEDED: Up to 120 minutes

DOCUMENTED IN: MH/MR Clinical Record

4.0 REGISTRATION FOR PRIMARY CARE: Train consumer on getting

- Demographics
- HIPAA Release
- Patient Rights
- Insurance/Income
- Consent to Treatment
- Medical History

Makes an appointment for the next day if PAR not in or takes paperwork to PAR who makes appointment

TO DO – Look at forms for streamlining intake between systems

TO DO – Define elements of progress note to verify for billing

| CPT Code | Diagnosis Code | Credential | Who/Rate/Service |
|----------|----------------|------------|------------------|
|          |                |            |                  |
|          |                |            |                  |

TIME NEEDED: 20 minutes

DOCUMENTED IN: MH/MR Clinical Record – Note must show rehab

5.0 PAR Makes appointment and enters data into Next Gen

6.0 MEDICAL ASSISTANT - Four Point Check

- Right patient, Right location, Right provider, Right date
- Vitals
- Physical Assessment
- Chief Complaint

| CPT Code | Diagnosis Code | Credential | Rate/Service |
|----------|----------------|------------|--------------|
|          |                |            |              |
|          |                |            |              |

TIME NEEDED: 15 minutes

DOCUMENTED IN: Next Gen

7.0 Doctor/NP/PA Provide Treatment

- Determine labs, determine referrals, medications
- Completes orders
- Prints out work and gives to MA

| CPT Code | Diagnosis Code | Credential | Rate/Service |
|----------|----------------|------------|--------------|
|          |                |            |              |
|          |                |            |              |

TIME NEEDED: 30 minutes

DOCUMENTED IN: Next Gen

8.0 Medical Assistance provides blood draws on site

- Lab Corp enters labs into Next Gen with notice to provider
- Takes paperwork and instructions to patient and walks through it

TO DO : Who pays for labs?

| CPT Code | Diagnosis Code | Credential | Rate/Service |
|----------|----------------|------------|--------------|
|          |                |            |              |
|          |                |            |              |

TIME NEEDED: 10 minutes

DOCUMENTED IN: Next Gen

#### 9.0 RN Care Coordinator

- Referral in Next Gen to Care Coordinator
- Care Coordinator opens email and proceeds with referral
- Communicates with case manager to arrange for getting consumer to the appointment and making sure case manager puts need for medical goal(s) in the integrated plan
- Inputs date of follow up

TO DO: Do minimal documentation including vitals for triage

| CPT Code | Diagnosis Code | Credential | Rate/Service |
|----------|----------------|------------|--------------|
|          |                |            |              |
|          |                |            |              |

TIME NEEDED: Up to 60 minutes

DOCUMENTED IN: Next Gen

#### 10.0 Patient Access Representative:

- Print out from visit taken to PAR
- Finalize procedures codes
- Takes payment and/or makes payment plan
- Schedules next appointment

| CPT Code | Diagnosis Code | Credential | Rate/Service |
|----------|----------------|------------|--------------|
|          |                |            |              |

TIME NEEDED: 5 minutes

DOCUMENTED BY: Bill generated

#### 11.0 Case Manager/QMHP to assist in getting the person to the doctor and assist in getting medications

- Case Manager/QMHP adds physical health goal to treatment plan

TO DO: Double check eligibility for 340B pharmacy benefits if medications are secured through the FQHC

| CPT Code | Diagnosis Code | Credential | Rate/Service |
|----------|----------------|------------|--------------|
|          |                |            |              |

TIME NEEDED: Based on individual plan  
DOCUMENTED IN: